94761

713
Local File Number

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

Vol. M74 Page 14574

CERTIFICATE OF DEATH

State File Number

1. DECEASED—NAME (First) Leonard (Middle) Jacob (Last) HARTMAN				2. DATE OF DEATH (month, day, year) August 21, 1974	
3. RACE White, Negro, American Indian, etc. (specify) White	4. SEX Male	5a. AGE—Last birthday (years) 68	Under 1 year: 5b. mos. days	Under 1 day: 5c. hours min.	6. DATE OF BIRTH (month, day, year) April 17, 1906
7a. COUNTY OF DEATH Washington	7b. CITY, TOWN, OR LOCATION OF DEATH Portland	7c. Inside City Limits (specify yes or no) No	7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) St. Vincents Hospital		
8. STATE OF BIRTH (If not in U.S.A., name country) Minnesota	9. CITIZEN OF WHAT COUNTRY USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	11. NAME OF SPOUSE Verna		
12. SOCIAL SECURITY NUMBER 521-28-4006	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Salesman	13b. KIND OF BUSINESS OR INDUSTRY Electronic Co.			
14a. RESIDENCE—STATE Oregon	14b. COUNTY Washington	14c. CITY, TOWN, OR LOCATION Portland	14d. Inside City Limits (specify yes or no) No	14e. STREET AND NUMBER OR R.F.D. 4806 S. W. Oleson Rd. Apt. A	
15. FATHER—NAME first middle last Arle Hartman	16. MOTHER—Maiden Name first middle last Tena Hinderman	17. INFORMANT—NAME and relationship to deceased Mrs. Verna Hartman - Wife			

PART I — DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

18.		approximate interval between onset and death
Immediate cause	(a) Carcinoma of the right lung with metastases	1 year plus
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	due to, or as a consequence of: (b)	
	due to, or as a consequence of: (c)	

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

Cirrhosis of liver

AUTOPSY (yes or no)	IF YES were findings considered in determining cause of death
19a. Yes	19b. Yes

ACCIDENT (specify yes or no)	DATE OF INJURY (month, day, year)	HOUR	HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
20a. No	20b.	20c. M.	20d.
INJURY AT WORK (specify yes or no)	**PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)**	**LOCATION (street or R.F.D. No., city or town, county, state)**	
20e.	20f.	20g.	

CERTIFICATION—PHYSICIAN: I attended the deceased from:	month day year	TO month day year	And Last Saw Him/Her Alive on: month day year	I Did/Did Not view the body after death (specify)	DEATH OCCURRED (hour)	at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
21.	May 14 1972	Aug. 21 1974	Aug. 20, 1974	Did not	3:15 A. M.	

PHYSICIAN—SIGNATURE	NAME (type or print)	degree or Title	DATE SIGNED (month, day, year)
22a. [signature]	22b. Russell Johnsrud	M. D.	22c. Aug 21 1974

MAILING ADDRESS—PHYSICIAN	street	city or town	state	zip
23.	Portland Medical Center	511 S. W. 10th	Portland Oregon	97205

BURIAL, CREMATION, REMOVAL, MAUS. (specify)	CEMETERY OR CREMATORY—NAME	LOCATION city or town	state	DATE (mo., day, year)
24a. Cremation	24b. Portland Memorial	24c. Portland	Oregon	24d. 8/22/74

FUNERAL DIRECTOR—SIGNATURE	FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip)	
25a. [signature]	25b. Portland Memorial Funeral Home	6631 S.E. 14th Portland, Oregon 97202

REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	DATE RECEIVED BY STATE REGISTRAR
26a. Imogene H. Meeder	26b. Aug. 22. 1974	27.
RESERVED FOR REGISTRAR'S USE		

28.

VS-2 R-69

RECEIVED NOV 13 1974

[signature]

STATE OF OREGON WASHINGTON COUNTY

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Washington County Department of Health.

Ret: MRS. L. J. HARTMAN
4806-S W. OLESON RD,
PORTLAND, ORE
97225

Imogene H. Meeder
Registrar Vital Statistics

SEAL

AUG 28 1974
Date

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of MRS. L. J. HARTMAN

this 13th day of NOVEMBER A. D., 1974 at 9:00 o'clock A.M., and duly recorded in Vol. M 74, of DEEDS on Page 14574.

FEE$ 2.00

WM. D. MILNE, County Clerk

By Hazel Magie Deputy

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Board